

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18232

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 5171		Registrar's No. 102	
1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis.			
b. CITY (If outside corporate limits, write RURAL and give township) Washington-St. Johns OR TOWN Washington-St. Johns c. LENGTH OF STAY (in this place) 1 1/2 day.				c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 47, 3 mi. S. of Washington.				f. STREET ADDRESS (If rural, give location) 516 Bedford Oaks. 4683			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Stolz				4. DATE OF DEATH (Month) (Day) (Year) June 23, 1955.			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 23, 1893.	
9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months 2		11. UNDER 24 HRS. Days 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Loan Officer				10b. KIND OF BUSINESS OR INDUSTRY Banking.		11. BIRTHPLACE (City and State or Foreign Country) New Baden, Ill.	
13a. FATHER'S NAME William Stolz.				13b. MOTHER'S MAIDEN NAME Mary Goldenburger		14. NAME OF HUSBAND OR WIFE Florence Stolz.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.				16. SOCIAL SECURITY No. 498-12-03519		17. INFORMANT'S SIGNATURE OR NAME Robert G. Stolz	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull (b) Fractured left leg + right leg, Internal Injuries (c) leg, Internal Injuries II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION E8165 26		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy # 47		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington Franklin Mo		21d. HOW DID INJURY OCCUR? In auto - Bus accident	
21d. TIME OF INJURY June 23 1955 5:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Ernest L. Olthmann (Degree or title) Coroner				23b. ADDRESS Haled Missouri		23c. DATE SIGNED June 23 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 27, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. 6/24/55				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3620 Chippewa St. Louis Mo			

(Licensed Embalmers' Statement on Reverse Side)

DeLoraine

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 2 1955

JUL 20 1955
DEC 15 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Felix Kraspin*

Licensed Embalmer No. *34*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.